

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Commissioner fr Patents
POO. B $\times 1450$
Alexandria, VA 22313-1450
on $\qquad$
Bruce J. Bowman


September 26, 2003
(Date of Signature)
9353
1001-0809

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 9353

Application of: White, Daniel F.
Serial No. 09/826,197

Group Art Unit: 3627
Examiner: Jennifer l. Harle

Filed: April A, 2001
For: System and Method of Managing Time-Sensitive Items

## RESPONSE

Hon. Commissioner for Patents

Sir:
In response to the Office Action dated July 29, 2003, having an initial three-month period of response set to expire October 29, 2003, please enter and consider the following:

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450 , Alexandria, VA $22313-1450$ on September 26, 2003
> (Date of Deposit)

Bruce J. Bowman


Signature

September 26, 2003
Date of Signature

| Re: | Application of: | Daniel F. White |
| :--- | :--- | :--- |
|  | Serial No.: | $09 / 826,197$ |
| Filed: | April 4, 2001 |  |
|  | For: | System and Method of Managing |
|  | Group Art Unit: | Time-Sensitive Items |
|  | Examiner: | Jennifer I. Harle |
|  | NCR Docket No.: | 9353 |
|  | Our Docket No.: | $1001-0809$ |

## TRANSMITTAL OF RESPONSE

Please find for filing in connection with the above-referenced patent application the following:

1. Response ( 23 pgs . txt. and 1 replacement sheet of drawings); and
2. One (1) return post card.

* The fee has been calculated as shown below.

CLAIMS AS AMENDED

|  | Claims Remaining <br> After Amendment | Highest No. <br> Paid For | Fee <br> Calculation | Addit <br> Fee |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Total Claims | 4 | 20 | $0 \times 18$ | $\$$ | 0.00 |
| Independent Claims | 4 | 14 | $0 \times 84$ | $\$$ | 0.00 |

Total Additional Fee Required
\$ 0.00

Please charge any fee deficiency, or credit any overpayment, to Deposit Account No. 13-0014; but not to include any payment of issue fees.

September 26, 2003
Respectfully Submitted,
MAGINOT, MOORE \& BOWMAN


Enclosures

